

The Catholic Community of St. Thomas More
Youth Council 2010-2011

Application

Name _____

Address _____

City/State/Zip _____

Phone # _____ E-mail _____

School _____ Grade 2010-2011 _____

Have you ever served on Youth Council? Yes No JYM TYM

If yes, what is your favorite thing about YC? _____

If yes, what is your least favorite thing about YC? _____

What gifts & talents do you wish to share as a member of YC? _____

In what ways are you involved in parish life outside of youth ministry? _____

YC meets approximately every other week on Sundays at 5:00PM. Do you have any conflict with the meeting time? Yes No

If yes, please explain: _____

Please read the following:

I have reviewed the expectations of Youth Council, and hereby submit my application. I understand the responsibilities, and will fulfill these to the best of my ability. I also understand that if I am unable to do so, I may be asked to step down from my position, so that I do not jeopardize the efficiency and effectiveness of Youth Council as the leadership organization for youth ministry.

Signature _____ Date _____

Parent Signature _____ Date _____